



DIVISION OF CHILDREN AND FAMILY SERVICES  
OLYMPIA, WASHINGTON 98504

CA Children's Administration

**INQUIRY TO INDIAN TRIBE, BAND, OR NATION**

☐ Second Inquiry

TO: (Indian Tribe, Band, or Nation)			DATE:
ADDRESS: (Box or Street Number)			DSHS CASE NUMBER:
CITY:	STATE:	ZIP CODE:	LEGAL FILE NUMBER:
NAME OF CHILD:			DATE OF BIRTH:

This agency recently received a referral regarding the above referenced child. We need your assistance to determine whether this child is subject to the provisions of the Indian Child Welfare Act 25 U.S.C. 1901. et seq., and/or the Indian provisions of the Washington Administrative Code (WAC). I have attached a family ancestry chart regarding the child's family and Indian ancestry.

The Indian Child Welfare Act defines an "Indian child" as an unmarried person under the age of 18 years who is either: (a) a member of a federally recognized Indian Tribe: Or (b) eligible for membership in a federally recognized Tribe and is the biological child of a member of a federally recognized Indian tribe. 25 U.S.C. 1903(4).

The Washington Administrative Code (WAC) governs case planning and placement activities in cases that involve Indian children. The WAC definition of "Indian child" is broader than the Indian Child Welfare Act definition. The WAC defines an "Indian child" as a person under the age of 18 years who is one of the following (WAC 388-70-091; -450; WAC 388-73-044):

- (1) An enrolled Indian: (a) any person who is enrolled or eligible for enrollment in a recognized Tribe; or (b) any person determined, or eligible to be found to be an Indian by the Secretary of the Interior; or (c) an Eskimo, Aleut or other Alaskan native.
- (2) A Canadian Indian: Any person who is a member of a treaty tribe, Metis community or non-status Indian community from Canada.
- (3) An unenrolled Indian: a person considered to be an Indian by a federally or non-federally recognized Indian/Alaskan native community organization.

To help establish whether the child meets any of the above definitions, please answer the following questions:

- (1) Is the child a tribal member? ☐ Yes; Enrollment number: \_\_\_\_\_ ☐ No  
Is the child eligible for tribal membership? (**See attached Ancestry Chart**) ☐ Yes ☐ No
- (2) Mother's name: \_\_\_\_\_ Mother's Birth Date: \_\_\_\_\_  
Is the child's mother a tribal member? ☐ Yes; Enrollment number: \_\_\_\_\_ ☐ No  
Is the child's mother eligible for membership? ☐ Yes ☐ No
- (3) Father's name: \_\_\_\_\_ Father's Birth Date: \_\_\_\_\_  
Is the child's father a tribal member? ☐ Yes ; Enrollment number: \_\_\_\_\_ ☐ No  
Is the child's father eligible for membership? ☐ Yes ☐ No
- (4) Regardless of the child's formal membership status, does the Tribe consider the child to be Indian?

---

---

---

---

---

---

(5) What kinds of case planning/placement services and/or court involvement can the tribe offer in this case?

---

---

---

---

---

---

---

---

Since the child's status under the Indian Child Welfare Act and the Washington Administrative Code is uncertain, we are unable to properly plan for the child in the absence of the information requested from you. Your earliest response will be most appreciated. If you do not respond in a timely manner, the child may not be treated as an Indian child for legal or case planning purposes.

If you need additional time or information in order to determine the child's Indian status, please immediately contact me at the address or telephone number listed below.

☐ **First inquiry:** If the Tribe does not respond to this letter or contact me within **thirty (30) days** of receipt of this letter, case planning and court activities will proceed without Tribal participation.

☐ **Second inquiry:** If the Tribe does not respond to this letter or contact me within **fifteen (15) days** of receipt of this letter, case planning and court activities will proceed without consideration of the child's Tribal status until such time as the child's connections to your Tribe is clearly established.

Please feel free to contact me if you have any questions or require further assistance. I will follow-up with a telephone call to you.

NAME OF SOCIAL WORKER:

DATE:

MAILING ADDRESS/STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER: (Including area code)

FAX NUMBER: (Including area code)

**Attach Family Ancestry Chart, DSHS 04-220(X).**